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1 Introduction

Welcome to the electronic New Jersey Department of Health Assisted Living Resident Profile Survey (ALRPS)!

The ALRPS tool may be accessed at <https://www.njalsurvey.com>.

Through a unique partnership between the New Jersey DOH and the associations that represent assisted living in New Jersey – the Health Care Association of New Jersey (HCANJ), the New Jersey Hospital Association (NJHA) and Leading Age New Jersey (formerly the New Jersey Association of Homes and Services for the Aging) – NJHA’s Department of Information Technology has transformed the paper-based Assisted Living Resident Profile Survey into an Internet-based tool that is easy to use and provides DOH and the field with more timely and accurate analysis of the data submitted. All of this is at **no cost** to providers, because of the financial commitment made by the associations to this important initiative.

HCANJ, NJHA, Leading Age New Jersey and DOH all look forward to continuing to work with assisted living providers to produce a timely, meaningful and useful data report as a result of your mandatory data submissions on an annual basis. We welcome your feedback on the Internet-based Assisted Living Resident Profile Survey tool.



2. Security and Access

To ensure optimal system security and data integrity, the ALRPS System utilizes various industry standard techniques for using the Internet safely and efficiently. Since the Internet is a free network medium, the ALRPS System uses password protection and encrypts the data during each session.

2.1 Data Encryption

The ALRPS System uses secured socket layering, which is an industry standard 128 bit data encryption protocol that all Internet banking systems deploy to protect account and web session information. While logged on and using the ALRPS System, all data displayed on the user screens and submitted via the user’s browser to and from the ALRPS System servers is encrypted to prevent data monitoring or unauthorized copying.

2.2 Account Usernames and Passwords

Each account username is password protected to prevent unauthorized access. The account name is set to the email address. This ensures that a valid email address is available for each user. Each user is responsible for reporting any

changes to their email address by either updating the ALRPS System facility information or contacting NJ DOH to provide an updated email address. The ALRPS System will use valid email addresses to send important information to all users. Without a valid email address for each user, the system will not be able to send important information or confirm submissions.

The system also requires that each user maintain a valid password and it requires each user to change their system-assigned password the first time they log in.

Additional security features have been implemented to require users to change their passwords at a pre-determined time-frame. This means that users may be asked to select a new password each year. ALRPS administrators have the ability to force all users to change their password, regardless of the last time it was changed.

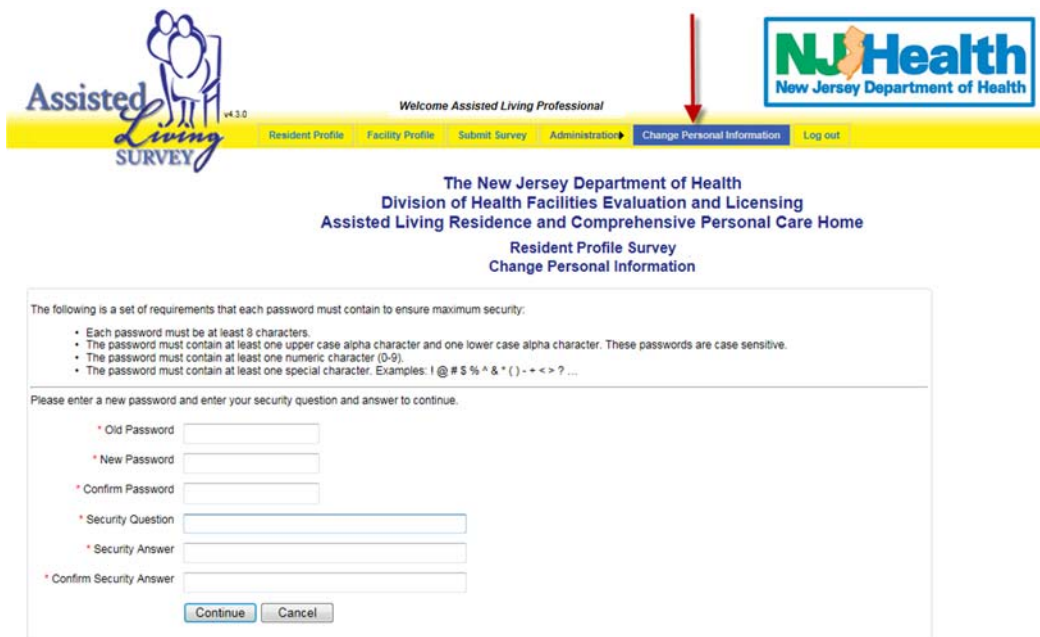
The following is a set of requirements that each password must contain to ensure maximum security:

- Each password must be at least 8 characters.
 - The password must contain at least one upper case alpha character and one lower case alpha character. These passwords are case sensitive.
 - The password must contain at least one numeric character (0-9).
 - The password must contain at least one special character.
- Examples: ! @ # \$ % ^ & * () - + < > ? ...

Below are some examples of valid passwords:

P@ssword1945
Racecar#88
CampSouth&9

At any time, a user can change a current password by clicking the **Change Personal Information** link on the main tool bar at the top of the screen. This will bring up the change password screen and prompt users to enter their current password and enter their new password. The system requires users to enter the new password twice to ensure there are no typos.



The following is a set of requirements that each password must contain to ensure maximum security:

- Each password must be at least 8 characters.
- The password must contain at least one upper case alpha character and one lower case alpha character. These passwords are case sensitive.
- The password must contain at least one numeric character (0-9).
- The password must contain at least one special character. Examples: ! @ # \$ % ^ & * () - + < > ? ...

Please enter a new password and enter your security question and answer to continue.

* Old Password

* New Password

* Confirm Password

* Security Question

* Security Answer

* Confirm Security Answer

At any time, a user can request to have a password reset by contacting the NJ DOH via email at Andrew.Benesch@doh.state.nj.us. NJ DOH will reset the password with a system-generated password. The user will be required to change the password once they log back in to the website.

3. User Registration

At the beginning of each ALRPS year, the NJ DOH will send an introductory email to all providers already registered in the ALRPS system. Providers are required to review this email and reply with a confirmation that the information is correct or provide any updates or corrections.

New providers must submit an ALRPS Registration Form, which may be accessed at <https://www.njalsurvey.com>. This form collects facility information required by the survey and includes the administrator and contact information. Once this information is received, a confirmation email is sent to each new registered user.

It is recommended that each facility have at least two users registered (one administrator and one survey contact). All users are required to have a PC with access to the Internet. Internet Explorer version 7 is the standard supported browser. MAC browsers are not supported at this time.

3.1 Facility Profile Information

Facility Administrator and Contact

Based on the provider's response to the introductory email, or the ALRPS Registration form, information is pre-loaded for each facility. This information, which includes the contact information for the facility, the administrator and survey contact, should be verified to ensure accuracy.

Special Resident Services

This section asks the user to indicate if Alzheimer's and other special services, including respite, hospice and behavior management, are offered. An option for "other" is also provided. If "other" is selected, the user is required to type a description of the service.

If "respite" is selected, the Respite Status field for each resident must be completed in the Resident Information screens. If "respite" is *not* selected, the Respite Status field for each resident will not be active.

Please note, if the "respite" box is selected and *completed* resident profiles exist, the system will allow you to deselect the "respite" box. If you deselect the "respite" box, you will be notified that any "completed" resident profiles will be reset to "in-process."

Medicaid Contractual Information

This section asks providers to indicate if the facility or program has a Medicaid provider number. If "no" is selected, the Medicaid status field of each resident's profile will be inactivated. If "yes" is selected, the Medicaid status field for each resident must be completed.

Please note, if you wish to change the answer to this question from "no" to "yes" and *completed* resident profiles exist, the system will allow you to make the change. Once the change has been made, any "completed" resident profiles will be reset to "In-Process".

Staffing Information

This section asks the user to indicate the total number of full-time employees, including the number of contractual service workers.

CMA Information

This section contains two questions related to the use of certified medication aide programs.




Welcome Assisted Living Professional

[Facility Profile](#)
[Change Personal Information](#)
[Log out](#)

The New Jersey Department of Health
Division of Health Facilities Evaluation and Licensing
Assisted Living Residence and Comprehensive Personal Care Home

Resident Profile Survey
Facility Information

Facility Name: Assisted Living Residence

Facility Profile

License Number: NJABC123 Facility Name: Assisted Living Residence

Facility Address: 760 Alexander Road

City: Princeton Zip: 08540 County: Mercer State: NJ

Telephone: (609) 275-4000 Extension: Fax:

Administrator First Name: Assisted Living Last Name: Professional Telephone: Extension:

Credentials: ☒ LNHA ☒ CALA Email: assistedlivingpro@njha.com

Contact Information

First Name: Assisted Living Last Name: Professional Telephone: (609) 275-4000 Extension:

Title: Survey Contact Title Email: assistedlivingpro2@njha.com

Special Resident Services

Does your facility provide Alzheimer's services? ☐ Yes ☐ No

Please indicate: ☐ Separate Alzheimer's unit
☐ Integrated unit
☐ All residents (entire facility)

Are there any other special services provided? ☐ Yes ☐ No

Please indicate: ☐ Respite
☐ Hospice
☐ Behavior management
☐ Other (indicate below)

Medicaid Contractual Information

Does your facility have a Medicaid provider number? ☐ Yes ☐ No

Staffing Information

Total number of full-time equivalents (including contracted service workers):

CMA Information

Does your organization have an active certified medication aide program in which CMAs administer medications, as of 12/31? ☐ Yes ☐ No

Does your organization have an in-house certified medication aide training program, as of 12/31? ☐ Yes ☐ No

[Edit](#)

Other Contact for this Facility

First Name	Last Name	Email	Title	Phone
Assisted Living	Professional III	AssistedLivingPro3@njha.com		

To edit the information listed, click the **Edit** button at the bottom of the screen. After editing the information, click the **Update** button to commit the entered changes. Any information entered into the ALRP Survey System is saved, but is not made available to the NJ DOH until it is formally submitted as outlined in section 6 of this manual.

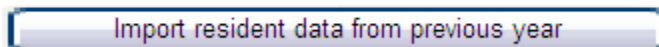
4. Resident Information

The ALRPS System is designed to enter, edit, print and submit resident information. Unlike the paper or Excel worksheet collection methods of the past, the electronic resident information collection leverages workflow and logic to streamline the resident information collection process.

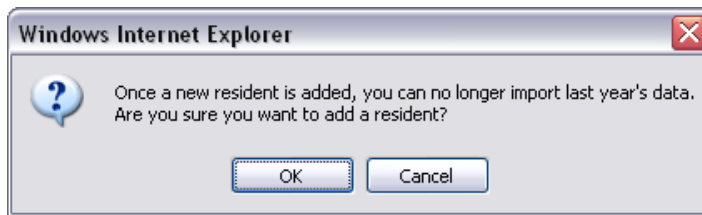
4.1 Adding Residents

The first time a user logs into the ALRPS System, the Resident Profile screen will either be blank or have an import button available. If a survey was submitted via the website the previous year, then the previous year's resident data can be imported for this year's survey.

**No resident data has been entered yet. Please click "Add New Resident" button to add data.
Or click the "Import" button below to import the resident data from last year.**



Note: The import option is only available until new residents are added (a warning is shown if you click **Add New Resident**):



If you wish to import, click the button and confirm. After you import last year's data, you can edit that data and add more residents as needed.

To enter new resident data, click the **Add New Resident** button located on the upper right side of the screen. The resident information screen will be displayed:



Welcome Assisted Living Professional

Resident Profile Facility Profile Submit Survey Change Personal Information Log out

The New Jersey Department of Health
Division of Health Facilities Evaluation and Licensing
Assisted Living Residence and Comprehensive Personal Care Home

Resident Profile Survey
Resident Information

Demographic

Resident Identifier:

Gender: ☐ Male ☐ Female

Date of Birth: (mm/dd/yyyy)

Admission Source:

Respite Status: ☐ Respite ☐ Non-Respite

Medicaid Status: ☐ Yes ☐ No

Date of Admission: (mm/dd/yyyy)

Discharged: ☐ Discharged ☐ In-House

ADL/Medication/Cognitive Impairment

Please enter one of the following codes to identify each resident's need for assistance:

- 0 - Independent - Resident needs no assistance in performing the activity
- 1 - Limited - Resident needs some assistance in performing the activity
- 2 - Total - Resident is totally dependent upon others for the activity

Dressing: ☐ 0 ☐ 1 ☐ 2

Toilet Use: ☐ 0 ☐ 1 ☐ 2

Locomotion: ☐ 0 ☐ 1 ☐ 2

Eating: ☐ 0 ☐ 1 ☐ 2

Cognitive Skills: ☐ 0 ☐ 1 ☐ 2

Bathing: ☐ 0 ☐ 1 ☐ 2

Transfer: ☐ 0 ☐ 1 ☐ 2

Bed Mobility: ☐ 0 ☐ 1 ☐ 2

Med Admin Status: ☐ 0 ☐ 1 ☐ 2

Resident Contractual Information

Resident had a health service plan as of 12/31? ☐ Yes ☐ No

Resident had a managed risk agreement as of 12/31? ☐ Yes ☐ No

Complete Status

☒ In Process ☐ Complete

Save Cancel

Once the information has been entered, click the **Save** button at the bottom of the screen and all the resident information will be saved to the system. To add another resident's information, click the **Add New Resident** button located at the top right of the screen. Once a new resident record has been saved, it will appear on the resident information list screen.

You will notice a question mark next to the cursor when you pass over each data element. Simply leave your mouse on the data label and the description explaining the required information will appear.

Demographic

Resident Identifier:

Resident Identification Number – To ensure confidentiality, you must use a generic identifier such as 1,2,3,4...for each resident. DO NOT use resident name

Date of Birth: (mm/dd/yyyy)

Admission Source:

Respite Status: ☐ Respite ☒ Non-Respite

Medicaid Status: ☐ Yes ☐ No

Date of Admission: (mm/dd/yyyy)

Discharged: ☐ Discharged ☒ In-House

4.2 Selecting Residents for Editing

After the initial user login, the first screen displayed is the Resident Information Screen. It will contain a list of all residents entered for the current reporting year.

To edit any resident's profile, select the **Edit** link to the left of the Resident ID.

Edit	Resident ID	Gender	Medicaid Status	DOB	Admission Date	Admission Source	Respite Status	Discharged	Complete Status	Delete
	008	Female		12/07/1922	04/07/2009	Subacute Units		Discharged		
	051	Male		05/07/1941	04/06/2008	Home		In-House		
	057	Female		06/08/1954	12/15/2010	Residential Health Care Facility		In-House		

To edit the resident's data, click the **Edit** at the bottom of the screen. Once all the changes have been made, click the **Update** button to save this information.

To print an individual resident profile, click **Print** at the top, right of the screen.



Welcome Assisted Living Professional

Resident Profile Facility Profile Submit Survey Change Personal Information Log out

The New Jersey Department of Health
Division of Health Facilities Evaluation and Licensing
Assisted Living Residence and Comprehensive Personal Care Home

Resident Profile Survey
Resident Information

Demographic

Resident Identifier:

Gender: ☐ Male ☐ Female

Date of Birth: (mm/dd/yyyy)

Admission Source:

Medicaid Status: ☐ Yes ☐ No

Date of Admission: (mm/dd/yyyy)

Respite Status: ☐ Respite ☐ Non-Respite

Discharged: ☐ Discharged ☐ In-House

ADL/Medication/Cognitive Impairment

Please enter one of the following codes to identify each resident's need for assistance:

- 0 - Independent - Resident needs no assistance in performing the activity
- 1 - Limited - Resident needs some assistance in performing the activity
- 2 - Total - Resident is totally dependent upon others for the activity

Dressing: ☐ 0 ☐ 1 ☐ 2

Toilet Use: ☐ 0 ☐ 1 ☐ 2

Locomotion: ☐ 0 ☐ 1 ☐ 2

Eating: ☐ 0 ☐ 1 ☐ 2

Cognitive Skills: ☐ 0 ☐ 1 ☐ 2

Bathing: ☐ 0 ☐ 1 ☐ 2

Transfer: ☐ 0 ☐ 1 ☐ 2

Bed Mobility: ☐ 0 ☐ 1 ☐ 2

Med.Admin.Status: ☐ 0 ☐ 1 ☐ 2

Resident Contractual Information

Resident had a health service plan as of 12/31? ☐ Yes ☐ No

Resident had a managed risk agreement as of 12/31? ☐ Yes ☐ No

Complete Status

☒ In Process ☐ Complete

4.3 Respite Versus Non-Respite

For “In-House” residents the Respite Status radio button determines if spouse information is required. The “Lives with Spouse” question is activated for Non-Respite residents only. The question will not appear for Respite residents, since it is not required.

Respite Status: ☐ Respite ☒ Non-Respite

Discharged: ☐ Discharged ☒ In-House

In-House ADL/Medication/Cognitive Impairment

Please enter one of the following codes to identify each resident's need for assistance:

- 0 - Independent - Resident needs no assistance in performing the activity
- 1 - Limited - Resident needs some assistance in performing the activity
- 2 - Total - Resident is totally dependent upon others for the activity

Dressing: ☐ 0 ☐ 1 ☐ 2

Toilet Use: ☐ 0 ☐ 1 ☐ 2

Locomotion: ☐ 0 ☐ 1 ☐ 2

Eating: ☐ 0 ☐ 1 ☐ 2

Cognitive Skills: ☐ 0 ☐ 1 ☐ 2

Bathing: ☐ 0 ☐ 1 ☐ 2

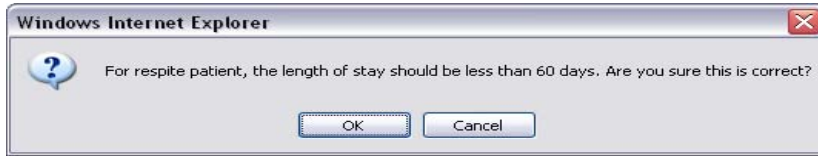
Transfer: ☐ 0 ☐ 1 ☐ 2

Bed Mobility: ☐ 0 ☐ 1 ☐ 2

Med.Admin.Status: ☐ 0 ☐ 1 ☐ 2

Resident lives with spouse in the facility: ☐ Yes ☒ No

Note: For Respite residents, a warning will be shown if the discharge date is over 60 days from the admission date. If the resident is In-House and the admission date is over 60 days from the current date, the same warning is shown. Click **OK** to accept the date you entered as correct or **Cancel** to clear your entry.



4.4 In-House Versus Discharged Residents

The resident information screen collects different information depending on the resident's status as "In-House" or "Discharged." The "In-House" and "Discharged" radio buttons change the information collection requirement automatically. For "In-House" residents, the **ADL/Medication/Cognitive Impairment** section is activated for collection.

Demographic

Resident Identifier:

Gender: ☐ Male ☐ Female

Medicaid Status: ☐ Yes ☐ No

Date of Birth: (mm/dd/yyyy)

Date of Admission: (mm/dd/yyyy)

Admission Source:

Respite Status: ☐ Respite ☐ Non-Respite

Discharged: ☐ Discharged ☒ In-House

Print

ADL/Medication/Cognitive Impairment

Please enter one of the following codes to identify each resident's need for assistance:

- 0 - Independent - Resident needs no assistance in performing the activity
- 1 - Limited - Resident needs some assistance in performing the activity
- 2 - Total - Resident is totally dependent upon others for the activity

Dressing: ☐ 0 ☐ 1 ☐ 2

Bathing: ☐ 0 ☐ 1 ☐ 2

Toilet Use: ☐ 0 ☐ 1 ☐ 2

Transfer: ☐ 0 ☐ 1 ☐ 2

Locomotion: ☐ 0 ☐ 1 ☐ 2

Bed Mobility: ☐ 0 ☐ 1 ☐ 2

Eating: ☐ 0 ☐ 1 ☐ 2

Med.Admin.Status: ☐ 0 ☐ 1 ☐ 2

Cognitive Skills: ☐ 0 ☐ 1 ☐ 2

Resident Contractual Information

Resident had a health service plan as of 12/31 ? ☐ Yes ☐ No

Resident had a managed risk agreement as of 12/31 ? ☐ Yes ☐ No

Complete Status

☒ In Process ☐ Complete

Save

Cancel

Conversely, when the "Discharged" radio button is selected, the **ADL/Medication/Cognitive Impairment** section, as well as the **Discharge Disposition** section, are activated.

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Demographic

Resident Identifier: [Print](#)

Gender: ☐ Male ☐ Female Medicaid Status: ☐ Yes ☐ No

Date of Birth: (mm/dd/yyyy) Date of Admission: (mm/dd/yyyy)

Admission Source:

Respite Status: ☐ Respite ☒ Non-Respite Discharged: ☒ Discharged ☐ In-House

ADL/Medication/Cognitive Impairment

Please enter one of the following codes to identify each resident's need for assistance:

- 0 - Independent - Resident needs no assistance in performing the activity
- 1 - Limited - Resident needs some assistance in performing the activity
- 2 - Total - Resident is totally dependent upon others for the activity

Dressing: ☐ 0 ☐ 1 ☐ 2 Bathing: ☐ 0 ☐ 1 ☐ 2

Toilet Use: ☐ 0 ☐ 1 ☐ 2 Transfer: ☐ 0 ☐ 1 ☐ 2

Locomotion: ☐ 0 ☐ 1 ☐ 2 Bed Mobility: ☐ 0 ☐ 1 ☐ 2

Eating: ☐ 0 ☐ 1 ☐ 2 Med Admin Status: ☐ 0 ☐ 1 ☐ 2

Cognitive Skills: ☐ 0 ☐ 1 ☐ 2

Resident Contractual Information

Resident had a health service plan as of the last available data prior to the date of discharge: ☐ Yes ☐ No

Resident had a managed risk agreement as of the last available data prior to the date of discharge: ☐ Yes ☐ No

Discharge Disposition

Discharge Date: (mm/dd/yyyy)

Facility Discharged To:

Reason for Discharge:

Complete Status

☒ In Process ☐ Complete

[Save](#) [Cancel](#)

4.5 Printable Clinical Worksheets

Users have the ability to print a worksheet listing resident identifier and ADL information. This feature is provided as a direct result of user feedback. The worksheet is provided as a matter of convenience for those users who have entered resident demographic information and wish to forward the worksheet to clinical staff to expedite collection of ADL data. By clicking the **Printable Worksheets** button located at the top of the Resident Information screen, the user will be able to generate a report of all “in-process” resident profiles. The report will list the resident identifier and blank ADL data fields for completion.



Welcome Assisted Living Professional

[Resident Profile](#) [Facility Profile](#) [Submit Survey](#) [Change Personal Information](#) [Log out](#)



The New Jersey Department of Health
Division of Health Facilities Evaluation and Licensing
Assisted Living Residence and Comprehensive Personal Care Home

Resident Profile Survey
Resident Information

Facility Name:

[Add New Resident](#) [Resident Report](#) [Printable Worksheets](#)

Total residents listed: 5 Filter by status: ☐ In-process ☐ Completed ☒ Both

Edit	Resident ID	Gender	Medicaid Status	DOB	Admission Date	Admission Source	Respite Status	Discharged	Complete Status	Delete
	cs	Female	No	01/01/1960	01/01/2013	Home	No	In-House		
	cs1	Male	Yes	05/07/1941	04/01/2012	Home	No	In-House		
	cs2	Female	No	06/08/1954	04/06/2011	Nursing Home	No	In-House		
	cs4	Female	No	08/07/1929	12/01/2013	Residential Health Care Facility	No	In-House		

4.6 Resident Contractual Information

This section asks users to indicate whether each resident had a health service plan or managed risk agreement on December 31 (last day of the reporting year). Please note that this question is specific to Dec. 31 only.

4.7 In-Process Versus Complete Status

When saving resident data, there is an option for **Complete Status**. Select “In-Process” if only the demographic information has been entered. Select “Complete” if all data has been entered, i.e. demographic, clinical and in-house/discharged information.

Complete Status

☒ In Process
 ☐ Complete

Save

Cancel

Note: In order to submit the completed survey in its entirety (see **Section 6** for full instructions), all residents must be set to “Complete” status.

	Resident ID	Gender	Medicaid Status	Date of Birth	Admission Date	Respite Status	Discharged	Admission Source	Complete Status	
View	444	Male	Yes	10/19/1931	01/22/2007	No	In-House	Nursing Home		Delete
View	445	Male	Yes	04/12/1932	03/12/2009	No	In-House	Nursing Home		Delete
View	446	Female	No	05/20/1930	05/13/2008	No	Discharged	Subacute Units		Delete

On the Resident Profile page, the Complete Status column will show a red x () for In-Process and a green check () for Complete.

Filter by status: ☐ In-process ☐ Completed ☒ Both

The filter option on the Resident Profile page will allow you to view residents that are currently “In-process,” residents that are “Completed” or both in-process and completed.

5. Resident Information Report

The Resident Information Report lists all the information entered into the ALRPS System. This report is available by clicking the **Resident Report** button on the Resident Information screen. All facility information is also included on this report.

Welcome Assisted Living Professional

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[Facility Profile](#)
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The New Jersey Department of Health

Division of Health Facilities Evaluation and Licensing

Assisted Living Residence and Comprehensive Personal Care Home

Resident Profile Survey

Resident Information

Facility Name: Assisted Living Residence

Add New Resident

Resident Report

Printable Worksheets

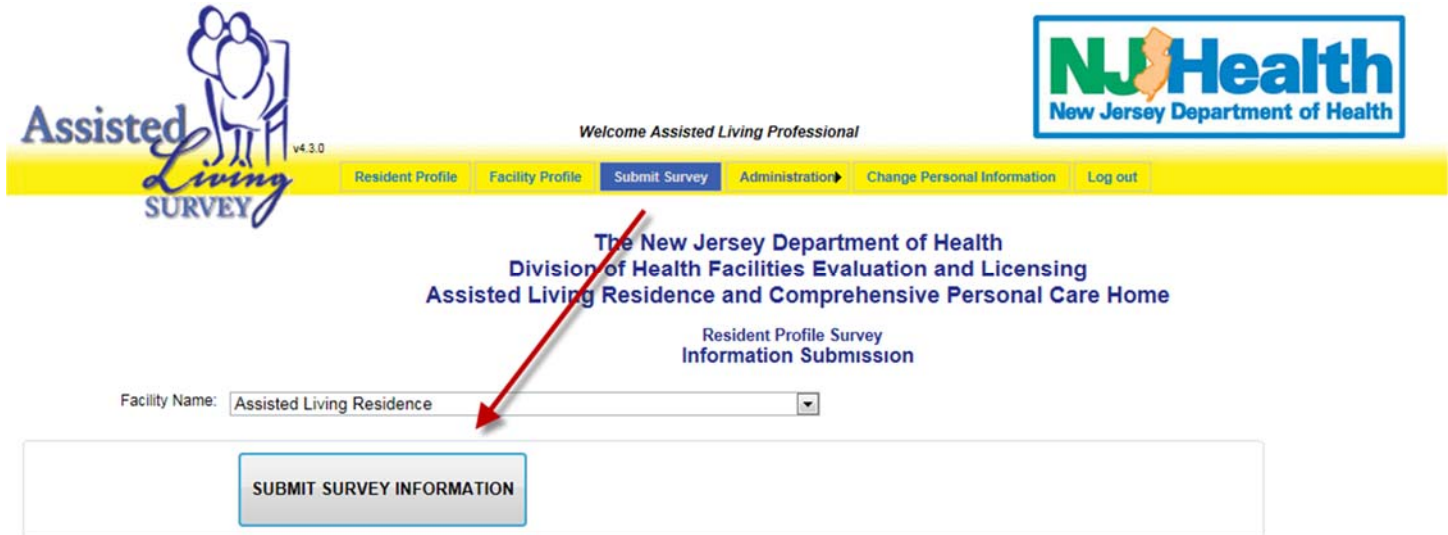
Total residents listed: 5

Filter by status: ☐ In-process ☐ Completed ☒ Both

Edit	Resident ID	Gender	Medicaid Status	DOB	Admission Date	Admission Source	Respite Status	Discharged	Complete Status	Delete
	cs	Female	No	01/01/1960	01/01/2013	Home	No	In-House		
	cs1	Male	Yes	05/07/1941	04/01/2012	Home	No	In-House		
	cs2	Female	No	06/06/1954	04/06/2011	Nursing Home	No	In-House		
	cs4	Female	No	08/07/1929	12/01/2013	Residential Health Care Facility	No	In-House		

6. Data Submission to the NJ Department of Health

The ALRPS System is designed to provide an active work space for assisted living facilities, assisted living programs and comprehensive personal care homes to compile the yearly Assisted Living Survey data. Once a provider feels satisfied that all the required information is complete and accurate, final data may be submitted to the NJ DOH. The ALRPS System will send an email to the provider confirming submission.



The screenshot displays the ALRPS system interface. At the top, there is a yellow navigation bar with the following links: Resident Profile, Facility Profile, **Submit Survey**, Administration, Change Personal Information, and Log out. The 'Submit Survey' link is highlighted. Below the navigation bar, the page title reads: 'The New Jersey Department of Health, Division of Health Facilities Evaluation and Licensing, Assisted Living Residence and Comprehensive Personal Care Home, Resident Profile Survey, Information Submission'. A red arrow points from the 'Submit Survey' button in the navigation bar to the 'Facility Name' dropdown menu, which is currently set to 'Assisted Living Residence'. Below the dropdown menu is a large button labeled 'SUBMIT SURVEY INFORMATION'.

Note: The survey can only be submitted once all resident data is set to “Complete” (see **Section 4.7**)

7. Technical Support and Help

If you need technical assistance, please contact NJHA Technical Support at alsurvey@njha.com, (800) 828-9366 or (609) 275-4221.